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Dexter CHIN

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Examiner : Toan K LE  
Art Unit : 2824  
Tel. : +1 (571) 272 1872  
Fax : +1 (703) 872 9306

Sender : Customer No. : 031366  
Dexter CHIN  
Horizon IP Pte Ltd  
Office : +65 9836 9908

Confirmation No. : 5322

Subject Matter : US Patent Application Number: 10/065,921  
Amendment made in response to Office Action dated September 21, 04

Total Pages  
(including cover sheet) : 17 pages

Attachments : a) Certificate of Mailing  
b) Transmittal Form  
c) Fee Transmittal Form  
d) Petition for Extension of Time  
e) Amendment made in response to Office Action dated September 21, 04  
f) Fig. 1 – Annotated Sheet  
g) Fig. 1 – Replacement Sheet

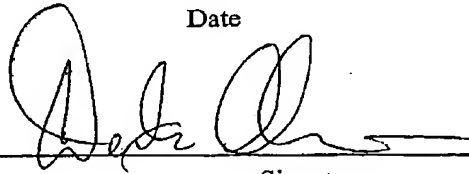
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- a) Transmittal Form
- b) Fee Transmittal Form
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- d) Amendment made in response to Office Action dated September 21, 04
- e) Fig. 1 - Annotated Sheet
- f) Fig. 1 - Replacement Sheet

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PTO/SB/21 (08-04)

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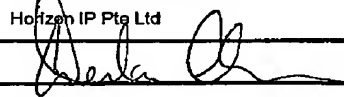
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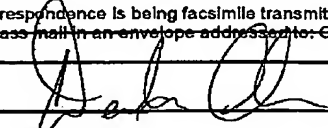
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/065,921
	Filing Date	November 29, 2002
	First Named Inventor	Michael JACOB
	Art Unit	2824
	Examiner Name	Toan K LE
	Attorney Docket Number	2002P09632US
Total Number of Pages in This Submission		18

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Horizon IP Pte Ltd		
Signature			
Printed name	Dexter CHIN		
Date	January 20, 2005	Reg. No.	38,842

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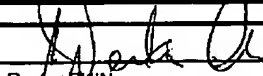
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/065,921 Filing Date November 29, 2002 First Named Inventor Michael JACOB Examiner Name Toan K LE Art Unit 2824 Attorney Docket No. 2002P09632US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	120	

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-2388</u> Deposit Account Name: <u>Horizon IP Pte Ltd</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b> <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																													
	<b>FILING FEES</b> <table border="1"> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	<b>SEARCH FEES</b> <table border="1"> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td></td> <td>500</td> <td>250</td> </tr> <tr> <td></td> <td>100</td> <td>50</td> </tr> <tr> <td></td> <td>300</td> <td>150</td> </tr> <tr> <td></td> <td>500</td> <td>250</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> </tr> </table>			Fee (\$)	Small Entity Fee (\$)		500	250		100	50		300	150		500	250		0	0	<b>EXAMINATION FEES</b> <table border="1"> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td></td> <td>200</td> <td>100</td> </tr> <tr> <td></td> <td>130</td> <td>65</td> </tr> <tr> <td></td> <td>160</td> <td>80</td> </tr> <tr> <td></td> <td>600</td> <td>300</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> </tr> </table>			Fee (\$)	Small Entity Fee (\$)		200	100		130	65		160	80		600	300		0	0	<b>Fees Paid (\$)</b> _____
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<b>2. EXCESS CLAIM FEES</b>																																																													
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Each independent claim over 3 (including Reissues)						200																																																							
Multiple dependent claims						360																																																							
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- 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.						<b>Fee (\$)</b>																																																							
<b>Indep. Claims</b>						<b>Fee Paid (\$)</b>																																																							
- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.						<b>Fee (\$)</b>																																																							
<b>3. APPLICATION SIZE FEE</b>						<b>Fee Paid (\$)</b>																																																							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																													
<b>Total Sheets</b>						<b>Fee (\$)</b>																																																							
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____						<b>Fee Paid (\$)</b>																																																							
<b>4. OTHER FEE(S)</b>																																																													
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>																																																							
Other (e.g., late filing surcharge): Extension for response within first month						120																																																							

<b>SUBMITTED BY</b> Signature 		Registration No. 38,842 (Attorney/Agent)	Telephone +85 9836 9908
Name (Print/Type) Dexter CHIN		Date January 20, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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